

KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

SUBMIT APPLICATION TO:

KATHY GARRETT

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E-MAIL: [CPE Online Support Center](#)

ACADEMIC COMMON MARKET RESIDENCY DETERMINATION APPLICATION I

(to be completed by current high school seniors and those who graduated from high school within the last 6 months*)

GENERAL INSTRUCTIONS

- [13 KAR 2:045, Determination of Residency Status for Admission and Tuition Assessment Purposes](#), is the regulation that establishes the procedures and definitions used in determining residency classification.
- Answer all questions that apply to your situation.
- **The 2012 KY Individual Income Tax Return, Form 740 (or other approved documentation) must be submitted with this application.**
- This application must be signed by the student and notarized by a notary public..

INSTITUTION AND PROGRAM INFORMATION

Academic Common Market college/university program you plan to attend and program you will be enrolled in:

Institution Name: _____

City/State: _____

Degree Program/Major*: _____

Degree Code (e.g., BA, BS, BSAE): _____ Is this an online program? ____yes ____no

****Attach documentation that confirms your acceptance into this degree program.**

PERSONAL INFORMATION

Name: _____

(Last / First / Middle or Maiden / Jr., II, etc.)

Social Security Number (last 4 digits only): XXX - XX - _____

Address: _____

(City / County / State / ZIP) _____/_____/_____/_____

Phone Numbers: Home (_____) _____ Other (_____) _____

E-mail Address(es) to be used for all future communications: _____

ENROLLMENT INFORMATION

High School Name: _____

City / State: _____

Graduation Date: _____

When do you plan to start the ACM program indicated above? Select one option below.

| | | | |
|-----------|--------|------|--------|
| Semester: | Summer | Fall | Spring |
| Year: | 2013 | 2013 | 2014 |

SUPPORTING INFORMATION

Parents (or Legal Guardian)

Father's name: _____

Father's address: _____

City / State: _____

Father's telephone number: (____) _____

How many years (continuously) has your father been living in Kentucky, if at all? _____

Provide the following information on your father's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Father's visa type, if applicable: _____

Mother's name: _____

Mother's address: _____

City / State: _____

Mother's telephone number: (____) _____

How many years (continuously) has your mother been living in Kentucky, if at all? _____

Provide the following information on your mother's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Mother's visa type, if applicable: _____

Legal Guardian's name: _____

Legal Guardian's address: _____

City / State: _____

Legal Guardian's telephone number: (____) _____

How many years (continuously) has your legal guardian been living in Kentucky, if at all? _____

Provide the following information on your legal guardian's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Legal Guardian's visa type, if applicable: _____

1. When did your present stay in Kentucky begin? Month/Year _____

2. List the places you have lived for the past three years (beginning with your most recent address):

| Date(s) | Place of Residence |
|-------------------|--------------------------------|
| M/Y From – M/Y To | Number / Street / City / State |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Do you (your family) own ____ or rent ____ your home? How long have you lived there? _____ yrs

4. Do you operate a motorized vehicle? ____ Yes ____ No

If *Yes*, is this vehicle registered in your name? ____ Yes ____ No

If *No*, in whose name is the vehicle registered? _____

State in which the vehicle is registered _____

5. Driver's License Number: _____ State in which license was issued: _____

6. Are you currently registered to vote? ____ Yes ____ No

If *Yes*, where? ____ Kentucky ____ Other

7. Did you file a federal or state income tax return as an independent person claiming yourself as an exemption?

Federal? ____ Yes ____ No State? ____ Yes ____ No What state? _____

If *Yes*, for what most recent year? _____

8. Did either of your parents claim you as a dependent for the tax year preceding the date of this application on federal or state income tax forms?

Federal? ____ Yes ____ No State? ____ Yes ____ No What state? _____

If *No*, when did either of your parents last claim you as an exemption on a: _____

9. Does your parent or any other person currently claim you as a dependent or as an exemption for federal or state tax purposes?

Parent? ____ Yes ____ No Other Person? ____ Yes ____ No If *Yes*, Who? _____

10. Are you a military person, spouse, or child of a person assigned to a military base in Kentucky – or are you a Kentucky National Guard member, spouse, or child of a Kentucky National Guard member who has been on active duty status for a period of not less than thirty (30) days? ____ Yes ____ No

KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

APPLICATION FOR RESIDENCY DETERMINATION for Participation in the SREB Academic Common Market

FERPA OATH

FERPA requires this information be kept confidential unless I agree the following can act on my behalf.

Therefore, I hereby give permission for the following individual(s) to view all information contained within this application, submitted along with this application, and resulting from the submission of this application:

| | |
|-------|---------------|
| _____ | _____ |
| Name | Email Address |
| _____ | _____ |
| Name | Email Address |
| _____ | _____ |
| Name | Email Address |

OATH

To the student: This statement must be notarized before submission. Do not sign this statement until you are directed to do so by a Notary Public.

State of _____

County of _____

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

County of _____

My commission expires on _____